Lying and Withholding Truth

"Truth and the Physician" by
Bernard Meyer

The Question at Issue

Is it morally permissible for physicians to lie to patients?
- Intentionally tell the patient something false

Can they withhold the truth?
- Intentionally fail to tell the patient specific facts about their condition

Why is this a philosophically interesting question?

Tension between Non-Malfeasance and the Prima Facie wrongness of lying.

The doctor has sworn to do no harm (principle of non-malfeasance), but we can certainly imagine cases wherein telling the truth would actually harm the patient (by lowering his will to fight his disease, for example).

So there is a *prima facie* wrongness in lying but, at the same time, the principle of non-malfeasance dictates that the doctor should lie.

How should the conflict be resolved?

Meyer's Conclusion:

If what has been set down here should prove uncongenial to some strict moralists, one can only observe that there is a hierarchy of morality, and that ours is a profession which traditionally has been guided by a precept that transcends the virtue of uttering truth for truth's sake; that is "So far as possible, do no harm."

How Meyer gets there . . . (Giving bad news is difficult)

Emotional reactions and the corresponding reasons people enter the medical profession:

1. **Counterphobia: The doctor is drawn to medicine in the hopes that he can fight his own fear of death and dying. When he is forced to convey bad news, he feels personally responsible.**
2. **Reaction formation: The doctor is drawn to medicine because he is fighting earlier impulses to wound and to destroy. Telling someone that they will not live makes the doctor feel evil or guilty.**
3. **Rescue fantasy: Doctors enter medicine in order to save others. If they are not able to save one of their patients, they may feel worthless and impotent.**

These reasons explain why it is hard for the doctor to give bad news, but they do not provide moral justification for not telling the patient the truth.

What should be done?

Meyer thinks that some doctors, in reacting to the difficulties above, adopt rigid rules about disclosing the truth to patients.

- Some may choose to *always* tell the truth
- Some may choose to *never* tell the truth

Meyer suggests that the way around these problems is *not* to adopt rigid rules regarding disclosure.

What's the difficulty with these approaches?

Such approaches (the rigid ones) fail to recognize the differences among people

Meyer therefore recommends that decisions relating disclosure of information to patients should be personalized, taking into account the needs and psychologies of individual patient, rather than be dictated by inflexible guidelines.

What's the difficulty with these approaches?

The truth is not always clearly defined, and therefore cannot always be presented to the patient.

E.g., some conditions that are terminal today might have available treatments tomorrow, so it is not clear what counsel the doctor can provide.

Doctors also make mistakes, and mistakes in such grave matters could have serious consequences. Presumably Meyer therefore wants to conclude that the truth should not always be offered.

Really? Both of these points seem quite dubious.

What's the difficulty with these approaches?

Meyer also observes that patients may ask for the truth without really wanting it. What they would really want is the confidence that they are being told the truth while, at the same time, being given good news.

Thus the doctor cannot tell them the truth (the bad news), nor can he get them to say that they would like to be lied to (since then the lie will not work), but rather should let the patient assume that he is being told the truth while the doctor lies to him.

Note that powers of self-deception are incredibly powerful and this is actually quite likely to work.

What's the difficulty with these approaches?

Meyer discusses the erroneous assumption that "until someone has been formally told the truth he doesn't know it".

The tendency to underestimate the perceptiveness of the "audience".

- For example, consider parents who explain sex to their children.

Underestimation, in medicine, can lead to environments of secrecy, suspicion, distrust and anxiety.

- Such environments may lead the patient to create a scenario in his own mind that is far worse than the actual one.

What's the difficulty with these approaches?

Denial and repression, both of which he thinks are very powerful tools of deception that the patient can use in order to avoid coming to terms with his condition.

It is not clear how these comments weigh in favor of his conclusion; they actually seem to weigh against it.

Guidelines from Meyer?

1. **Telling the truth to patients is hard for doctors.**
   - This is clearly not enough to mean that they don't have to do it.
2. **Decisions should be made on an individual basis, and that rigid rules for disclosure should not be used.**
   - This clearly seems right.
   - But, granting that our decisions to disclose are to be relativized to the patient, what sorts of considerations should we look for?

Decisions to disclose information are relativized to the patient . . .

Question: so what conditions must be met for a doctor to lie or withhold information?

Meyers offers "therapeutic privilege"

How does therapeutic privilege work?

In some cases, telling someone the truth about his condition actually makes his prognosis worse.

Imagine that someone has cancer and only has a 40% chance of survival. He might be psychologically constituted such that, were we to tell him his actual prognosis, he would stop fighting the disease and resolve himself to death. Given *psychosomatic effects* (the potential for bodily symptoms to be caused by mental disturbances), we might expect his prognosis to worsen.

If, on the other hand, we were to tell him that his chance for survival was 75%, he might become encouraged and fight the disease while maintaining a positive mental attitude. (improves prognosis—given psychosomatic effects)

How does therapeutic privilege work?

So lying to patients or withholding truth from them might be, in some cases, a form of therapy and therefore in their best interests.

Even in the case where the condition is terminal, we might still rather not tell the patient the truth solely on the grounds of the tremendous anxiety and psychological stress that will result.

Such practices might allow patients to live out the remainder in their lives more peacefully and happily. Thus therapeutic privilege provides a good reason to either lie to patients or to withhold the truth from them.

Next Lecture

Sissela Bok's article: She will mostly argue against these ideas and instead give reasons as to why we should offer full disclosure.